

ACKNOWLEDGEMENT OF NOTIFICATION

OF HAZARDOUS WASTE ACTIVITY

09/18/89

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all below. shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> | NJD040736704

FACILITY NAME ->

CONGOLEUM BLDG - GELLER ASSOC

MAILING ADDRESS ->

1005 CLIFTON AVE CLIFTON, NJ 07013

INSTALLATION ADDRESS ->

195 BELGROVE DR KEARNY, NJ 07032

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION II 26 FEDERAL PLAZA NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: GELLER, MARTIN GEN PARTNER CONGOLEUM BLDG - GELLER ASSOC 1005 CLIFTON AVE CLIFTON, NJ 07013

EX 704

BELGROVE ARMS 1005 Clifton Avenue Clifton, New Jersey 07013 (201) 471-8959

September 7, 1989

VIA UNITED PARCEL SERVICE

USEPA - REGION II Permits Administration Branch 26 Federal Plaza, Room 505 New York, NY 10278

Re: Application for EPA I.D. Number

Dear Sir/Madam:

Enclosed herewith please find a completed Notification of Hazardous Waste Activity form and one (1) copy. Please assign an EPA I.D. Number and send to my attention.

I will also call your office on Monday, September 11, 1989 to obtain the number verbally over the phone.

Thank you for your cooperation in this matter.

Very truly yours,

Martin B. Geller

MBG:des Enclosure

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89 SEP -8 AMII: 44

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Form Approved. OMB No. 2050-0028. Expires 10-30-91 GSA No. 0246-EPA-OT

United States Environmental Protection Agency Washington, DC 20460

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010

Notification of Hazardous Was	Ste Activity of the Resource Conservation and Recovery Act).				
For Official Use Only	O'ATTECATE A TRANSPORTED TO THE STATE OF THE				
Comments					
C C	The second second				
Installation's EPA ID Number Approved	Date Received 017				
C N T D 3 1/ D 3 5 (D 3 1/ T/A C	Date Received (yr. mo. day) 89098 Hud Son				
I. Name of Installation	0 4 0 8 mas son				
CONGOLEUM BUILDING					
II. Installation Mailing Address	SERVICE CONTROL OF SERVICE CONTR				
Street or P.O. Box					
C 40 GELLER ASSOC 100	S CLIFTON AU				
City or Town	State ZIP Code				
CLTETON	NJ 07013				
III. Location of Installation					
Street or Route Number	er				
5 195 BELGROVE DRIV	€				
City or Town	State ZIP Code				
CKEAANIY	N507032				
IV. Installation Contact					
Name and Title (last, first, and job title)	Phone Number (area code and number)				
	1 ARTINON 2014718959				
V. Ownership	1210042-0111111000000				
B. Type of Ownership					
A. Name of Installation's Legal Owner C R F I G R O V F A R M C	(enter code)				
R R E L G R O V E A R M S VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes.	Refer to instructions)				
A. Hazardous Waste Activity	B. Used Oil Fuel Activities				
X 1a Generator X 1b Less than 1 000 kg/mg					
2. Transporter					
☐ 3. Treater/Storer/Disposer ☐ a. Generator Marketing to Burner ☐ 4. Underground Injection ☐ b. Other Marketer					
5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)					
7. Specification Used Oil Fuel Marketer (or On site Burner)					
b. Other Marketer	o First Claims the Oil Meets the Specification				
□ c. Burner					
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all approp	priate boxes to indicate type of combustion device(s)				
in which hazardous waste fuel or off-specification used oil fuel is burned. See in	structions for definitions of combustion devices.)				
	C. Industrial Furnace				
VIII. Mode of Transportation (transporters only - enter 'X' in the appropri					
☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D	. Water				
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification notification. If this is not your first notification, enter your installation's EPA ID Number in	tion of hazardous waste activity or a subsequent				
	C. Installation's EPA ID Number				
A. First Notification B. Subsequent Notification (complete item C)	S. HOMMON OF THE HUMBON				

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THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, OF THE OWNER, O	Management of the Committee of the Commi	ontinued from front)	REPORTED AND AND ADDRESS.					
A. Hazardous Wastes to from nonspecific sou	from Nonspecific Soul urces your installation h	rces. Enter the four-digrandles. Use additional s	t number from 40 CFR Part sheets if necessary.	261.31 for each listed	hazardous waste			
1	2	3	4	5	6			
x 0 0 2								
7	8	9	10	11	12			
. Hazardous Wastes f om specific sources yo	rom Specific Sources our installation handles	Enter the four-digit nu Use additional sheets if	mber from 40 CFR Part 261 necessary.	.32 for each listed haz	rardous waste			
13 🗧	14	15	16	17	18			
	3			TITI				
19'	20	21	22	23	24			
18								
25	26	27	28	29	30			
			1 33					
. Commercial Chemic	ai Product Hazardous	Wastes. Enter the four- us waste. Use additional	-digit number 40 CFR Part 2	261.33 for each chemi	cal substance			
31	32	33	34	35	36			
	TITI			T. I T	30 T T			
37	38	39	40	41	42			
			<u> </u>		1 72			
43	44	45	46	47	48			
		F T T T T						
Listed Infectious Was	stes. Enter the four-di-	git number 40 CFR Part	261.34 for each hazardous	waste from hospitals	veterinary hospitale			
medical and research	accorationes your install	ation nandles. Use add	monal sheets if necessary.		voicin al y ricopitals,			
49	50	51	52	53	54			
Characteristics of No astes your installation h	andles. (See 40 CFR P	lates. Mark 'X' in the bo larts 261.21 - 261.24)	oxes corresponding to the c	haracteristics of nonlis	sted hazardous			
			Reactive 4.1	Toxic				
	(D001)	(D002)	(D003) ((D000)				
. Certification				•				
ertify under penal	ty of law that I have	personally examin	ned and am familiar wit	th the information	submitted in this			
otaining the inform	nation. I believe th	at based on my in hat the submitted in	quiry of those individ niormation is true, ac	luais immediatei	y responsible for			
at there are sign aprisonment.	nificant penalties	for submitting fai	ise information, inclu	iding the possil	bility of fine and			
nature		Name and Official Tit	tle (type or print)	Date Signed	٠			
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(el		MARTIN B. GE	LLER, CIENERAL PA	tringe)	17/89			
timated bur den : Pu	iblic reporting burd	en for this collection	of information is estima	ated to be 3 hours.	including time for			
viewing instructions	s, searching existing	g data sources, gath	ering and maintaining to ding the burden estimate	he data needed, a	nd completing and			

reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.